



MaineCare Managed Care Exempt Diagnosis and Procedure Codes and Provider Specialty/subspecialties

Certain diagnoses, procedures, and provider types with specialties/subspecialties that fall within MaineCare managed care managed services do not need the Primary Care Provider's (PCP) referral number on the claim form for payment.

Table Of Contents	
Category	Page Number
<u>Annual Gynecological Exam</u>	1-2
<u>Family Planning</u>	3-4
<u>Tubal Ligations</u>	4
<u>Obstetrical Care</u>	4
<u>Anesthesiologists, Cardiologists, Neurologists, Pathologists, and Radiologists</u>	5
<u>Hospital Services, Inpatient & Outpatient</u>	6
<u>Annual Eye Exam</u>	7
<u>Well Child and School-Based Clinic Services</u>	8
<u>Mental Health Services</u>	9
<u>Home Health Agency and Psychiatric Nursing Services</u>	10
<u>Hospice Services</u>	11
<u>Dental Services</u>	12

The following diagnostic and procedure codes are exempt from MaineCare managed care. A participating MaineCare provider may provide and bill for these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP). If applicable, providers must match a diagnosis code listed below with a procedure code listed on pages 1-2. One of these codes must be the principal diagnosis located in form indicator 21-1 on the CMS-1500 form claim forms or form indicator 67 on the UB-92 claim forms. This match will bypass MaineCare's system edits for denying a claim without the MaineCare managed care PCP's referral number in form indicator 17a on the CMS-1500 forms or form indicator 63A on the UB-92 claim forms.

Annual Gynecological Exam

Diagnostic Codes

V13.2	Other genital system disorder
V15.7	Contraception
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraceptive measures
V25.09	Other family planning advice
V25.1	Insertion of intrauterine contraceptive
V25.40	Contraceptive surveillance, unspecified
V25.41	Contraceptive pill
V25.42	Checking, reinserting, removal, IUD
V25.43	Implantable subdermal contraceptive
V25.49	Other contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.9	Unspecified contraceptive management
V45.5	Presence of IUD
V72.31	Gynecological examination
V72.40	Pregnancy diagnosis
V72.41	Pregnancy exam or test, negative result
V73.3	Rubella screening
V74.5	Sexually transmitted disease (STD) screening
V75.9	Screening for infectious disease
V76.2	Laboratory examination
098.0	Gonococcal infections
099.0	Chancroid
599.0	Urinary tract infection (no procedure code required)
626.0	Amemorrhea
628.9	Infertility (does not require a code from the procedure codes listed below)
795.0	Abnormal Papanicolaou smear, nonspecific
795.00	Abnormal Papanicolaou smear, nonspecific
795.03	Abnormal Papanicolaou smear, low grade lesion
795.04	Abnormal Papanicolaou smear, high grade lesion
795.05	Cervical risk human papillomavirus (HPV) DNA test positive
795.08	Abnormal Papanicolaou smear, nonspecific

Procedure Codes

The following procedure codes are exempt when used with the diagnostic codes listed above.

New Patient	Established Patient
99201-99205	99211-99215
99381-99387	99391-99397
T1015	Federally Qualified Health Center Visit - Core
RHC	Rural Health Clinic Visit
99050	Services requested after office hours in addition to basic service
99058	Office services provided on an emergency basis
99070	Supplies and material provided by physician over and above office visit

Specimen-related Procedure Codes

A participating MaineCare provider billing these procedure codes may provide and bill these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP).

36415	Routine venipuncture for collection of specimen
36416	Capillary blood draw
99000	Handling and/or conveyance of specimen for transfer from physician's office to a laboratory
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory (distance may be indicated)

HCPSC Codes

A participating MaineCare provider may provide and bill for these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP).

G0101	Cervical or vaginal cancer screening: pelvic and clinical breast exam
Q0091	Screening Papanicolaou smear, obtaining, preparing and conveyance of cervical or vaginal smear to laboratory

Hepatitis B Vaccine

A participating MaineCare provider may provide and bill for these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP).

90743	Hepatitis B vaccine, adolescent 2 doses IM
90744	Immunization: active Hepatitis B vaccine, newborn to 11 years
90746	Immunization: active Hepatitis B vaccine, 20 years and above
90747	Immunization: active Hepatitis B vaccine, dialysis or immunosuppressed patient

Female Genital Mutilation Status

A participating MaineCare provider billing these diagnosis codes may provide and bill for these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP).

629.20	629.21	629.22	629.23
--------	--------	--------	--------

Colposcopy and Cryotherapy

A participating MaineCare provider may provide and bill for diagnosis codes 795.0, 795.00, 795.03, 795.04, or 795.08 with the following procedure codes without a referral from the member's MaineCare managed care Primary Care Provider (PCP).

57452	Colposcopy
57454	Colposcopy with or without biopsy
57511	Cryocauterization of cervix
57420	Exam of vagina with scope
57421	Exam and biopsy of vagina with scope
57455	Biopsy of cervix with scope

Consultations, Colposcopy and Cryotherapy
--

A participating MaineCare provider may provide and bill for the following diagnosis and procedure codes combination without a referral from the member's MaineCare managed care Primary Care Provider (PCP). MaineCare providers may bill consultation procedure codes 99241, 99242, 99243, 99244, and 99245 in combination with 57452, 57454, 57511, 57420, 57421 and 57455 when billed with the following diagnosis codes:

078.11	616.0	617.6	622.0	622.1	622.7	622.8
624.0	626.7	795.0	795.00	795.3	795.04	795.08
V15.89						

Family Planning Procedure Codes
--

Providers must match one of these procedure codes with the appropriate diagnostic code listed on page 1. These diagnostic codes must be used in form indicator # 21-1 as the principal diagnosis code on the CMS-1500 forms or form indicator # 67 on the UB-92 billing claim forms. This match will bypass MaineCare's system edit for denying a claim without the MaineCare managed care PCP's referral number in form indicator 17a on the CMS-1500 forms or form indicator 63A on the UB-92 claim forms.

Procedure Codes

57170	Diaphragm fitting with instructions
58300	Insertion of IUD

Z7595	Norplant kit
A4620	Norplant Kit (Federally Qualified Health Center)
RH061	Norplant Kit (Rural Health Center)
Z7596	Norplant insertion
11975	Insertion contraceptive capsules
11976	Removal contraceptive capsules
11977	Removal/reinsertion contraceptive capsules
Z7597	Norplant implant removal
J1055	Injection Depo-Provera (material acquisition costs)
J7300	Intrauterine copper contraceptive
J7302	IUD, copper device
FQH21	Depo-Provera

Tubal Ligations

Tubal ligations do not require a referral from the member's MaineCare managed care Primary Care Provider (PCP). Providers are still required to complete the necessary consent forms. Providers must use V25.2 as the principal diagnosis in form indicator 21-1 on the CMS-1500 form claim forms or form indicator 67 on the UB 92 claim forms. This match will bypass MaineCare's system edit for denying a claim without the MaineCare managed care PCP's referral number in form indicator 17a on the CMS-1500 forms and form indicator 63A on the UB-92 claim forms.

Diagnosis Code

V25.2

Procedure Codes

58600	Tubal ligation, unilateral/bilateral
58605	Tubal ligation, postpartum
58611	Tubal ligation, with Cesarean section
58615	Tubal ligation occlusion by device
58670	Tubal cautery, laparoscopy
58671	Tubal ligation, tubal block

Obstetrical Care

MaineCare providers may bill the following diagnosis codes without a referral from the member's MaineCare managed care Primary Care Provider (PCP).

Diagnosis Codes

630-677	V22.0-V22.2	V23.0-V23.9	V24.0-V24.2
V27.0-V27.9	V28.0-V28.9		

Anesthesiologists, Cardiologists, Neurologists, Pathologists and Radiologists
--

The following procedure codes, and provider types are exempt from MaineCare managed care. A participating MaineCare physician who is an anesthesiologist, cardiologist, pathologist, or a radiologist may provide and bill for these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP). This match will bypass MaineCare's system edit for denying a claim without the MaineCare managed care PCP's referral number in form indicator 17a on the CMS-1500 forms or form indicator 63A on the UB-92 claim forms.

Anesthesiologists

Services provided by anesthesiologists are exempt from the MaineCare managed care Primary Care Provider's (PCP) referral.

Cardiologists

Some services provided by cardiologists in an inpatient or outpatient hospital setting are exempt from the MaineCare managed care Primary Care Provider's (PCP) referral. The cardiologist must bill using the following procedure codes that are exempt from the MaineCare managed care Primary Care Provider's (PCP) referral.

93010	93014	93015	93018	93040	93226
93227	93230	93233	93235	93236	93237
93272	93307	93308	93312	93313	93314
93315	93316	93317	93318	93325	
93230	93236	93237	93350	93042	

Neurologists

Neurologists may bill without a referral from the member's PCP for the interpretation of diagnosis tests by using modifier 26.

Pathologists

Services provided by pathologists exempt from the MaineCare managed care Primary Care Provider's (PCP) referral.

Radiologists

Services provided by radiologists in an inpatient or outpatient hospital setting are exempt from the MaineCare managed care Primary Care Provider's (PCP) referral.

Hospital Services, inpatient and outpatient
--

The following diagnosis codes are exempt from MaineCare managed care. A participating MaineCare provider may provide and bill for these services without the MaineCare managed care Primary Care Provider's (PCP) referral number in block 11 on the UB-92 claim forms. This match will bypass MaineCare's system edit for denying a claim without the MaineCare managed care PCP's referral number in form indicator 63A on the UB-92 claim forms.

Obstetrical and Gynecological Care

The hospital must use one of the diagnostic codes in this list as the principal diagnostic code in form locator 67 on the UB-92 claim form.

630-677	V22.0-V22.2	V23.0 V23.9	V24.0-V24.2
V27.0-V27.9	V28.0-V28.9		

Dental Services

Dental procedures performed by dentists, including oral maxillofacial surgeons, in a hospital setting are exempt from MaineCare managed care.

The hospital must use one of the diagnostic codes in this list as the principal diagnostic code in form locator 67 on the UB-92 claim form.

520.0-520.9	523.8-523.9	873.63
521.0-521.9	524.2-524.5	873.73
522.0-522.9	525.0-525.3	V72.2
523.0-523.6	525.8-525.9	

Annual Eye Exam

The following procedure codes, when used with diagnostic code V72.0, are exempt from MaineCare managed care. This benefit is only exempt for one visit within a 12-month period for members under the age of 21 years and every two years for members over the age of 21 years. A participating MaineCare provider may provide and bill for these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP). This diagnostic code must be used in form indicator # 21-1 as the principal diagnosis code on the CMS-1500 form billing claim forms. This match will bypass MaineCare's system edit for denying a claim without the MaineCare managed care PCP's referral number in form indicator 17a on the CMS-1500 forms.

Procedure Codes	Description
92002	Ophthalmologic services brief, new patient
92004	Ophthalmologic services, comprehensive, new patient
92012	Ophthalmologic services, brief, established patient
92014	Ophthalmologic services, comprehensive established patient
92015	Refraction
92081	Visual field exam with medical evaluation, limited
92082	Same as above, intermediate
92083	Same as above, extended, quantitative
92225	Ophthalmoscopy extended as for retinal detachment
92226	Subsequent as above
92340	Fitting of spectacles, monofocal, not aphakia
92341	Fitting of spectacles, bifocal
92342	Fitting of spectacles, multifocal, other than bifocal
99201	New patient, brief
99202	New patient, limited
99203	New patient, extended
99211	Established patient, limited
99213	Established patient, extended
99214	Established patient, extended
99331	Home visit established patient brief
99332	Home visit established patient intermediate
99333	Home visit established patient extended
T1015	Federally Qualified Health Center Visit - Core
V7999	NOC, non-MaineCare frames, transit lens, etc.
V2799	Not otherwise classified
Z0029	Corrective treatment by an optometrist
Z0045	Glass case (may be billed independent of diagnosis code V72.0)
Z0046	Dispensing optometrist
Z0049	Repair
Z0078	Prescription service

Well Child and School-based Clinic Services
--

The following procedure codes are exempt from MaineCare managed care. A participating MaineCare provider may provide and bill for these services without a referral from the MaineCare managed care Primary Care Provider (PCP). These procedure codes will bypass MaineCare's system edit for denying a claim without the MaineCare managed care PCP's referral number in block 17a on the CMS-1500 forms.

Well Child Clinic Services/Provider Type 38

Procedure Code

Z9637 Visit

School Health Clinic

Procedure Codes

Z9638

Mental Health Services

The following diagnostic codes are exempt from MaineCare managed care. A participating MaineCare provider may provide and bill for these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP). The diagnosis code must be the principal diagnosis. These codes will bypass MaineCare's system edit for denying a claim without the MaineCare managed care Primary Care Provider's (PCP) referral number in form locator 17a on the CMS-1500 forms or form locator 11 on the UB-92 claim forms.

Diagnosis Codes

290.0-319	995.53	V61.1	V61.20	V62.82	V71.5
995.5	995.50	995.55	995.59	995.80-85	995.89

Home Health Agency Services Psychiatric Nursing Services

The services of a psychiatric registered nurse are exempt from MaineCare managed care. A participating MaineCare provider may provide and bill for these services without a referral from the MaineCare managed care Primary Care Provider (PCP). Providers must use a diagnosis code listed below as the principal diagnosis code located in form locator 67 on the UB-92 claim forms. This will bypass MaineCare's system edit for denying a claim without the MaineCare managed care PCP's referral number in block 11 on the UB-92 claim forms.

Please follow these billing instructions using the UB-92 billing claim form.

1. Use a separate UB-92 billing claim form for nursing services. Claim forms received with additional information may be denied if the Primary Care Provider's (PCP) referral number is missing.
2. Form locator # 42 Revenue Code: Use 551.
3. Form locator # 43 Description: Use Psychiatric Registered Nurse.
4. Form locator # 42 Revenue Code: Use 270.
5. Form locator # 43 Description: Use Medical Supplies, General Classification (This is only for needle, glove, and wipe pack used by the Psychiatric Registered Nurse to administer Prolixin. Include itemized list.).
6. Revenue Code # 551 and 270 must have the same date of service and be on the same claim.
7. Complete the UB-92 claim form.
8. Form locator #67: Principal diagnostic code: This must be a psychiatric diagnostic code. The psychiatric diagnostic codes exempt from MaineCare managed care are: 290.0-319, 995.53, V61.1, V61.20, V62.82, or V71.5. Diagnostic codes other than these will be denied if the Primary Care Provider's (PCP) referral number is missing.

Hospice Services

The following revenue codes are exempt from MaineCare managed care. A participating Maine MaineCare provider may provide and bill for these services without the MaineCare managed care Primary Care Provider's PCPS's referral number in block 11 on the UB-92 claim forms. This match will bypass MaineCare's system edit for denying a claim without the MaineCare managed care PCP's referral number in form indicator 63A on the UB-92 claim forms. Hospices Services are exempt by Type of Treatment.

Procedure Codes

U651	U652	U653	U654
U655	U656	U657	

Dental Services

Non-medical/surgical procedures performed by dentists, including oral maxillofacial surgeons, are exempt from MaineCare managed care. FQHCs and RHCs may provide dental services. A participating MaineCare provider may provide and bill for these services without a referral from the member's MaineCare managed care Primary Care Provider (PCP). This will bypass MaineCare's system edit for denying a claim without the MaineCare PCP's referral number in block 17a on the CMS-1500 forms.

One of these diagnostic codes must be used in form indicator # 21-1 as the principal diagnosis code on the CMS-1500 form billing claim form.

520.0-520.9	523.8-523.9	873.63
521.0-521.9	524.2-524.5	873.73
522.0-522.9	525.0-525.3	V72.2
523.0-523.6	525.8-525.9	